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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Peter Paul Camille DE SCHRIJVER, et al.

Appln. No.: 09/384,422

Filed: August 27, 1999



Group Art Unit: 2731

Examiner: Not yet assigned

For: METHOD FOR TRANSPORTING DATA, A RELATED DATA TRANSMITTING ELEMENT
AND A DATA RECEIVING ELEMENT

SECOND REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

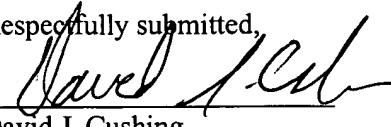
We enclose a copy of the Official Filing Receipt for the above-identified application and request
the following correction:

In the Applicant(s) section, correct the first inventor's name and residence to --Peter Paul
Camille DE SCHRIJVER, Heverlee, Belgium--.

Verification for the requested correction is indicated on the original executed Declaration filed
August 27, 1999.

This error was caused by the PTO and therefore no fee is necessary.

Respectfully submitted,


David J. Cushing
Registration No. 28,703

SUGHRUE, MION, ZINN,
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/384,422	08/27/99	2731	\$1,150.00	Q55464	2	10	8

SUGHRUE MION ZINN MACPEAK & SEAS
2100 PENNSYLVANIA AVENUE N W
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HJC

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) PETER PAUL CAMILLE, DE SCHRIJVER, BELGIUM; YVES T'JOENS,
 SINT MICHAEL-BRUGGE, BELGIUM; CARMELO ZACCONE, CHATELET,
 BELGIUM.

FOREIGN APPLICATIONS- EPO 99402021.2 08/09/99

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TITLE

METHOD FOR TRANSPORTING DATA, A RELATED DATA TRANSMITTING ELEMENT AND
A DATA RECEIVING ELEMENT

PRELIMINARY CLASS: 370

DATA ENTRY BY: JONES, DIANE

TEAM: 08 DATE: 10/07/99



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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The title may be truncated if it consists of more than 4 lines of 70 characters each (letters and spaces combined).

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The docket number allows a maximum of 12 characters.

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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/384,422	08/27/99	370	2731	Q55464

APPLICANT PETER PAUL CAMILLE DE SCHIJVER, HEVERLEE, BELGIUM; YVES T'JOENS, SINT MICHAEL-BRUGGE, BELGIUM; CARMELO ZACCONE, CHATELET, BELGIUM.

#6

CONTINUING DOMESTIC DATA***

VERIFIED

None

TM
371 (NAT'L STAGE) DATA***

VERIFIED

None

DR
FOREIGN APPLICATIONS***

VERIFIED EPO

99402021.2

08/09/99

Yes

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY BEX	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Initials	Initials				

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2100 PENNSYLVANIA AVENUE N W
WASHINGTON DC 20037-3202

TITLE

METHOD FOR TRANSPORTING DATA, A RELATED DATA TRANSMITTING ELEMENT AND
A DATA RECEIVING ELEMENT

FILING FEE RECEIVED \$1,150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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